

# **Health & Wellbeing Board Briefing Note.**

## **Better Care Fund Progress**

14<sup>th</sup> July 2015

### **Background**

The Herefordshire BCF Plan was submitted in September 2014 and was assured with a single condition

Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report

#### The condition related to

- reaching the required financial and risk share agreements for the national conditions,
- developing greater clarity on the expenditure relating to the three BCF schemes, Virtual Ward, Rapid Access to Assessment and Care (RAAC) and Falls Response
- and ensuring that the benefits and figures of these and the service delivery schemes of the Local Authority reconcile with the technical template that sets out the BCF Performance Fund expectations.

#### Resolution

From the end of September a Joint BCF Task & Finish Group (with membership from the Local Authority and CCG and invitations for Health Trust colleagues to attend) worked to progress the BCF Plan to a finished state that met the National Assurance requirements and more importantly locally acts as a significant lever for change and transformation within the Herefordshire Health and Wellbeing System.

### **Progress**

A National BCF Assurance Lead (BCA) was allocated to work with Herefordshire and at a meeting on 6<sup>th</sup> November with Chief Officers and the Task and Finish Group we were able to report significant progress since the September submission and agree the approach and timetable for our further submission. Based on the discussions and levels of confidence the BCA advised that we should fast track our resubmission in November 2014 and this was agreed by the Chief Officers subject to progress of key decisions through governance discussions and agreement. However the Local Authority and the CCG took a joint decision to opt for the non-fast tracked deadline of the 9th January 2015 to allow for further review and refresh.

The Local Authority and CCG then agreed to expand the pooled budget opportunity to enable greater flexibility and risk share between the commissioning partners as this would improve the management of financial risk across the Local Authority and CCG and meet the requirements for the protection of adult social care.

The National timetable requirements at this point were

- Action Plan Submission to indicate how the plan will be completed to meet the assurance requirements – By 2pm 14<sup>th</sup> November 2014 – this was completed on time
- Submit Revised Herefordshire BCF Plan This was completed on time 9<sup>th</sup> January 2015.

Following our resubmission our plan was fully approved by NHS England in February 2015.

## **Plan Implementation**

Having successfully completed their tasks the Task & Finish Group were stood down and the management of the implementation of our Better Care Plan taken up by the newly formed Better Care Partnership Group. This group consists of senior representatives from LA and CCG together with open invitations for provider representatives. Reporting to the JCB the Better Care Partnership Group oversees the delivery of the following:

**Scheme 1a: Minimum Protection of Social Care** delivered by the System Transformation programme providing:

- Integrated and coordinated multi-agency networks of professional and community resources, based around GP registered populations
- Alignment and reshaping of the social work offer shifting to an outcome based person centred approach for those with eligibility and a community development approach for the wider population
- Implementation of integrated personal budgets and switch to direct payments as the default for all existing and new adult social care and transition provided for eligible service users
- Commissioning and implementation of a child health pathway including school nursing, health visiting, family nurse partnership and children's centres

**Scheme 1b: Community Health & Social Care Services Redesign** delivered by the System Transformation programme, this scheme combines and integrates a number of existing initiatives across health and social care

- Falls Response Service.
- Risk Stratification Supporting Vulnerable Patients Using Risk Stratification.
- Hospital at Home
- Step up Step Down Community Beds and allied Community Matron role
- Reablement
- Carers Short Breaks and Respite Care for Children and Families
- Community Health Services Nursing

The over-riding principle of the redesign is to support more people to remain in or to be treated closer to their own homes, so for example, patients who attend A&E or who are admitted to hospital for non-elective care are only those patients who cannot be cared for in the community or in their own homes.

**Scheme 2: Managing the Care Home Market** Delivered by the Local Authority's Transformation programme this project will deliver more effective market management across Herefordshire to enable the more cost effective purchasing of Residential and Nursing placements through both the Local Authority and Continuing Health Care.

Savings released through this scheme will be utilised to provide additional funding for the protection of social care above the minimum funding already agreed as part of Scheme 1a: Minimum Protection of Social Care and Implementation of the Care Act.

The aim is to release up to £1.2m of funding to meet the additional in year growth above demographic projections experienced to date in 2014/15 (£0.7m) and to protect social care by providing funds to enable the local authority to meet the national requirements for 7 day working (£0.3m) and further expand telecare support (£0.2m) to clients to avoid needs escalating, enable clients to continue to live safely at home without the need to place them in a residential setting and thereby prevent a further escalation of demand pressures.

## Key deliverables are:

- Release £1.2m of funding to support Minimum Protection of Social Care
- New Care Home Market Strategy
- One Price Structure
- New Provider Performance Monitoring model
- Redeveloped Payment Process
- Single Contract
- Best Practice Housing Demand Model
- Best Practice Contract Management Process
- Develop and implement communications plan
- Develop and implement new care packages